

**Combined Meeting of the
Blueprint Executive Committee and
Blueprint Expansion, Design and Evaluation Committee
Minutes
July 20, 2011**

Attendees	Organization	Attendees	Organization
Blair	DVHA	Oliver	AHS
Bjornson	CIGNA	Otis	Public
Boes	CIO	Shaw	UVM
Browne	DVHA	Simmons	BiState
Cochran	VITL	Slusky	DVHA
Garland	BCBS	Thompson	DII
Goetschius	Addison Home Health	Flynn- Weiss	MVP
Grause	VAHHS	Wheeler	MVP
Hartman	APS Health Care	Wilson	State Employees Health Plan
Hubbell	CVMC		
Jackson	FAHC	Attended by Phone	
C. Jones	DVHA	Chen	VDH
P. Jones	DVHA	Cohen	MVP
Kahn	BISHCA	Curry	CIGNA
Langweil	JFO	Little	MVP
Leddy	AARP	Ruggles	NVRH
Mauro	BCBSVT		
MacLean	UVM		
Nix	FAHC		

The meeting opened at 8:35 a.m.

The purpose of the combined Blueprint Executive Committee and Blueprint Expansion, Design and Evaluation Committee meeting was to review the ONPOINT *Evaluation of the Vermont Blueprint for Health, Analytic Methods & Early Trends*.

The presentation is a first look at how the Blueprint programs are evolving in Vermont. The report looks at the baseline year and does not include Medicare or Medicaid data. A two to three year analysis is being planned which will include Medicaid data. Dr. Jones asked that everyone pay close attention to the methods used as well as the early trends.

Dr. Craig Jones introduced Karl Finison, Director of Analytic Services at ONPOINT Health Data. ONPOINT Health Data is a nonprofit organization based in Portland, ME.

Mr. Finison gave a PowerPoint presentation (Attachment A). Since the start up dates of the first two pilot sites was different, the study was not merged. Two different studies were actually done. The two sites highlighted in the report were Burlington and St. Johnsbury. The report only includes one year which is why some of the results were not statistically significant.

Extended discussion related to methods and early trends including:

- Report format
- Patient attribution and identification
- Creation of matched comparison groups
- Analytic methods
- Early trends in utilization and expenditure

In general methods were well received. One important question is whether the right number of patients were identified as PCMH participants, flagged in the VHCURES database, and included in the analysis. The attribution and flagging process was being established and first implemented during the period that is included in this report. It is possible that not all patients were flagged in the database. The Blueprint team will follow up with insurers and providers to try and reconcile the numbers of patients flagged in VHCURES during the early pilot period.

The meeting adjourned at 10:30 a.m.